

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010361

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 204

FILED MAR 21 1963

1. PLACE OF DEATH

a. COUNTY

BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN COLUMBIALength of stay in 1b
Six DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION UNIVERSITY of Missouri Medical CenterInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY RAY

c. CITY
OR
TOWN HARDINInside Limits
Yes ☒ No ☐d. STREET
ADDRESS GENERAL DELIVERYReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

GEORGE FREDERICK BINGHAM

4. DATE
OF
DEATH

Month

Day

Year

3 16 63

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-28-98 64

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months: Days: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY

OKLAHOMA

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

RICHARD OWEN BINGHAM

13b. MOTHER'S MAIDEN NAME

DORAH TRENT

14. NAME OF HUSBAND OR WIFE

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address COLUMBIA, MISSOURI

UNIVERSITY of MISSOURI MEDICAL CENTER RECORDS

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED

IMMEDIATE CAUSE (a)

CARDIAC ARREST.

INTERVAL BETWEEN
ONSET AND DEATH
IMMEDIATE.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) CORONARY THROMBOSIS, RT CORONARY

? several days

DUE TO (c) Arteriosclerotic Heart Disease

? years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

senile emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-16-63 to 3-16-63 and last saw her alive on 3-16-63.
Death occurred at 2:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lynan Sprinkle - Columbia, Missouri

Mar 17, 1963

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

6109

3890

3

4 0

5 2

6

7 1

8 1

94200

10

11

122-0

133-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard A. Leaves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.